

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2	1						
3	2						
4	2						
5	2						
6	2						
7	2						
8	2						
9	2						
10	2						
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	16	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	18	↓	↓	↓	↓	↓	↓

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓